



August 15, 2001

Dear Sir/Madam:

The City of Tempe is requesting information concerning oil & grease pretreatment equipment, often referred to as a "grease trap" or "interceptor", either of which may be installed at your facility. To establish an inventory of the pretreatment devices used to remove fats, oils, and grease (FOG's), the City is requiring food handlers to complete the enclosed questionnaire. The City asks you to take the time to thoroughly and accurately complete this questionnaire. With accurate information obtained, a site inspection may not be necessary.

Your time is valuable; keeping that in mind, we have enclosed a form to be used at the time your pretreatment device is cleaned. This form will serve as a record of cleaning and maintenance.

You may either:

- Mail or fax the cleaning records to the Environmental Services office every six months. The fax number for this office is (480) 350-2615.
- Record the cleaning each time the pretreatment device is cleaned by logging onto the City of Tempe Web page at <http://www.tempe.gov>.

City Code requires that the user shall maintain records for three (3) years that document all cleaning, repair and proper disposal from all such interceptors.

Businesses that establish a record of cleaning will likely avoid a site inspection, saving the City and the business time. The Environmental Services Section of the Water Utilities Department is available to assist with Best Management Practices (BMP's) and educational programs for your employees and service providers. The City of Tempe will be contacting the various interceptor/grease trap cleaning services to inform them of the City of Tempe requirements for proper cleaning.

In closing, the City of Tempe asks that you start keeping records of the cleaning and maintenance of your pretreatment device(s). This will allow the City to assist you in providing your patrons and staff an enjoyable eating and/or working experience, free of odors and problems associated with improper maintenance.

If you have any questions concerning this letter, you may contact this office at (480) 350-2678, weekdays between the hours of 7:00 a.m. and 3:30 p.m.

Sincerely,

Mike Golden
Environmental Investigator

Enclosures

**CITY OF TEMPE
WATER UTILITIES DEPARTMENT
GREASE TRAP/INTERCEPTOR SURVEY QUESTIONNAIRE**

Company Name:		Date:
Address:		
Phone Number:	Facsimile Number:	
Primary Company Contact:		
Secondary Company Contact:		
1. Does your facility have a grease trap or an interceptor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Grease trap		<input type="checkbox"/>
Interceptor		<input type="checkbox"/>
If you answered YES, please go to question numbers 2 thru 9		
If you answered NO, please go to question numbers 10 thru 14		
2. Describe the size, general condition, and location of the unit(s):		
3. How often is the grease trap/interceptor serviced?		
4. When was the grease trap/interceptor last serviced?		
4a. List waste hauler/pumping service used most recently:		
5. Are your dishwasher and garbage grinder connected to the grease trap/interceptor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are your kitchen sinks connected to your grease trap/interceptor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
7. How does your facility dispose of cooking grease and deep fat fry grease?		
8. How are the grill cleanings disposed of?		
9. Approximately how many customers do you serve per month?		
10. Is food processed in the establishment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Please describe major food preparation and cleanup activities employed:		
12. Are your kitchen sinks connected to a garbage disposal?		Yes <input type="checkbox"/> No <input type="checkbox"/>
13. What is the method of disposal of excessive product?		
14. How are by-products of food process contained (in reference to):		
A. Solid wastes:		
B. Oil & grease:		
C. Viscous wastes:		
D. Liquid wastes:		
I certify that this document was prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.		
Signature:		Date:

PLEASE RETURN COMPLETED FORM IN ENVELOPE PROVIDED.

If you have any questions regarding this form please call (480) 350-2678

Pretreatment Device Cleaning Record



Business Name:			
		Size of Pretreatment Device:	
Address:			

Date of Service:	Initials of Employee inspecting cleaning:	Name of Cleaning Service:	Initials of Cleaning Service Employee:	Was Pretreatment Device filled with clean water after cleaning?		Additional Comments:
				Yes	No	

I certify that this document was prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Name:	
Signature:	
Title:	
Phone:	
Date:	